

was in a similar condition. The phenomena of cardiac apnœa, however, may arise in cases of obstruction to the flow of blood through the left cavities of the heart. We think Dr. R. does not give sufficient prominence to the latter class of cases. Whenever there exists aortic insufficiency to much extent, an unusual accumulation of blood within the left ventricle, distends and paralyzes the muscular walls of this cavity, inducing symptoms of cardiac apnœa, and frequently sudden death. In cases of this kind, as the author remarks, the lungs will be engorged with blood, whereas, when cardiac apnœa depends on obstruction of the right side of the heart, the lungs are bloodless, but the other important viscera are congested.

During a paroxysm of cardiac apnœa, the treatment embraces the following simple measures: plenty of air, the sitting or semi-recumbent position, and as much warmth as can conveniently be borne. We think the author should have added alcoholic and ethereal stimulants; in fact, the latter seems to us specially important, and not to be omitted without risk.

In persons predisposed to paroxysms, the treatment consists of measures to strengthen and invigorate the body.

The space which we have devoted to an analytical review of Dr. Richardson's work, is the best proof we can give of the interest with which we have perused it. We shall welcome cordially other volumes of the same practical stamp.

A. F.

ART. XIV.—*Medico-Chirurgical Transactions*. Published by the Royal Medical and Chirurgical Society of London. Vol. XLIV. London, 1861. 8vo. pp. 286.

THIS volume contains twenty original communications. Abstracts of seven of these have been published in the numbers of this Journal for last year, in the quarterly summaries of improvements and discoveries in the medical sciences, and we shall now proceed to give an analytical review of the contents of the other papers in the volume.

I. *A Case of Gastrotomy for Extra-Uterine Gestation*.—In this communication, the author, Mr. JOHN ADAMS, gives the history of a case in which he successfully removed a full-sized fœtus from the abdomen of a healthy young woman, six months after the period of gestation was accomplished. The circumstances in the case were such that there could be no doubt as to its nature. In operating, a vertical incision about five inches in length was made over the most prominent part of the tumour, beginning a little above and on the right side of the umbilicus, and extending as far as within an inch of the pubis. Contrary to Mr. Adams's expectations, the peritoneum was found here to be only slightly adherent to the cyst, which was about four lines in thickness and very firm. The fœtus was extracted by the breech, the funis being divided so as to leave about two inches outside of the incision; the placenta was left, as it was found by traction on the funis to be firmly adherent. No opportunity was afforded of proving the precise situation of the extra-uterine fœtus, and, very properly, no attempt was made to discover whether it was developed in the walls of the uterus, or in the abdominal cavity by attachment of the ovum to the peritoneal surface of the intestines. The wound closed entirely in the course of eight months, and the woman was well with the exception of a ventral hernia, easily retained by a suitable truss.

The practice pursued by Mr. Adams in this case has a forcible bearing

on several points of serious importance in connection with these cases of extra-uterine pregnancy. These points are—first, the propriety of performing any operation whatever; secondly, the time at which the operation, if thought desirable, should be performed; and, lastly, the method of performing it. As to the child, whenever an operation has been performed for the purpose of saving it, the result has always been fatal to the mother, and we must resign ourselves to leaving its safety altogether out of consideration.

Many cases have been recorded where, in extra-uterine gestation, the foetus has remained innocuous for an indefinite period; in some of them, for more than fifty years. There are on record, also, numerous instances where the foetus has been got rid of by ulceration into the vagina, rectum, colon, bladder, as well as by abscess opening externally either at the umbilicus or some other part of the abdominal walls. The probabilities are, however, that, sooner or later, inflammation and its consequences may arise in the cyst; and many mothers die during the efforts of nature to get rid of the incumbrance. The surgeon has here a very difficult question to settle, but it appears to us that he would do well, after having waited for such a time that the probabilities are that adhesion has taken place between the cyst and the walls of the abdomen, to remove the foetus by an operation.

The only circumstance requiring particular remark in connection with the method of operating, refers to the placenta. From the few recorded cases of the operation, it appears that wherever any rude attempts have been made to extract the placenta, the cases have invariably been fatal.

II. *On an Operation for Pervious Urachus with Stillicidium Urinæ.*—In this paper Mr. THOMAS PAGET records two cases in which he successfully operated for the closure of pervious urachus. One was a female infant, little more than four months old; the other was a man aged fifty-five years. The operation consisted simply in vivifying the whole circumference of the aperture, and then holding the raw surfaces in contact by means of hare-lip sutures.

III. *Contributions to the subject of Compound Fracture; being an Analysis of 302 Cases.* By THOMAS BRYANT.—An abstract of this paper is published in the number of this Journal for April, 1861. Any general conclusions that may be drawn from the tables contained in it can be of little value, for no cases in surgery require to be treated more upon their individual peculiarities than those of compound fracture. There is, nevertheless, much of interest in the material thus presented to the profession.

IV. *An Analysis of Fifty-two Cases of Epilepsy observed by the Author.* (Second Series.) By EDWARD SIEVEKING, M. D.—An abstract of this paper is published in the number of this Journal for April, 1861.

V. *On Pulsating Bronchocele.* By JOSEPH BULLAR, M. D.—An abstract of this paper is published in the number of this Journal for July, 1861.

VI. *Remarks on the Cause of Closure of the Valves of the Heart.* By WILLIAM O. MARKHAM, M. D.—The perfect closure of the auriculo-ventricular valves of the heart during ventricular systole, is undoubtedly caused by the pressure of the blood upon their ventricular surfaces. In this way, and by the simultaneous contraction of the papillary muscles, the complete closure of the opening is perfected and maintained, while the blood is being forced into the arteries. There is difficulty, however, in explaining satisfactorily the cause which is effective in raising the valves upwards towards each other from the walls of the ventricles, so as to enable the blood to press upon them and tightly close them.

In this paper, Dr. Markham maintains that the valves are raised by the

agency of elastic tissue, which is so disposed within them as to render the action at once simple and effective. The elastic fibres are chiefly placed in the upper layer of the valves, so that they must necessarily tend to approximate the two borders of the valves in the direction of their auricular surface.

For our own part, we venture to express the opinion that the difficulty sought to be explained is a made one, for we believe that the auricular-ventricular valves never open so widely as to come in contact with the walls of the ventricle, and that there is always left some blood behind them.

VII. *Pathological Researches into the Diseases of the Ear.* (Seventh Series.) *Sebaceous Tumours in the External Auditory Meatus; their effects upon the Organ of Hearing, the Petrous Bone and the Brain, with Suggestions as to their Treatment.*—In this communication, Mr. JOSEPH TOYNBEE calls attention to a disease of the external ear caused by glandular hypertrophy of the sebaceous glands. The effect upon adjacent tissues is similar to that witnessed in hypertrophic tumours of these glands in other parts of the body, absorption of the bone being produced sometimes to so great an extent that a communication is formed with the mastoid cells, tympanum, cerebral or cerebellar cavities. These sebaceous tumours grow in the external meatus, and even reach a considerable size, causing absorption of the bone, without the occurrence of pain; indeed, as a rule, the attention of the surgeon is called to them either on account of the deafness which follows the occlusion of the meatus, from the presence of a fetid discharge, or from symptoms of irritation of the brain, which too often terminate in death. The only disease for which they are likely to be mistaken, is the presence of one or more osseous growths in the meatus, covered by the dermis; gentle pressure with the rounded extremity of a probe is, however, sufficient at once to discriminate between the two kinds of growth.

In their treatment, the effort of the surgeon should of course be to extirpate them as completely as possible; the evacuation of the contents of these tumours is of no permanent benefit, the capsule itself must be removed. This can be effected by making a crucial incision into the tumour, and, after squeezing out the laminae, the firm wall may be seized by a pair of forceps and the whole of it withdrawn.

Mr. Toynbee gives the detailed histories of six cases of these sebaceous tumours, with an account of the appearances found upon dissection after death; a table is added presenting the leading features of all the cases, eighteen in number, which have fallen under his observation, and in which he has been able to conduct dissections; and two cases are related that have been treated by him successfully.

This communication is accompanied by two plates containing a number of figures representing the appearances found after death in several of these cases.

VIII. *Further Observations on the Structure and Treatment of Uterine Polypi.*—In this communication Dr. ROBERT LEE presents the history of 103 cases of uterine polypi, reduced into a tabular form, in which the date, name, age, and social condition of the patients affected with polypus of the uterus which have ever come under the author's observation, fortunate or unfortunate, are recorded, and the symptoms, treatment, and result are given.

In three of these 103 cases no operation was performed, and the result was not known. In two of the remaining 100 cases the polypi disappeared spontaneously by some process the nature of which was not ascertained. Of the 98 cases which remain, five died before any attempt had been made to remove the polypus by ligature or by any other means. After deducting

these ten cases, there remain 93, of which 8 died and 85 recovered. Of the last 50 cases which have come under his own care, and in which the operation for the removal of the polypus has been performed by him, Dr. Lee states that not one has died.

For the removal of these polypi, on account of the hemorrhage that may follow their excision, Dr. Lee makes use of a ligature applied by means of a bent rod, great care being taken to remove as soon as possible the sloughing mass.

The success attending the use of the ligature in the hands of Dr. Lee, in these cases of fibrous polypus of the womb, is not at all in accordance with what is said of it by Dr. West, whom we have learned to regard as perhaps our highest authority in subjects of this kind. In his *Lectures on the Diseases of Women* (page 324), Dr. West says that the mortality is more than double that of the operation of lithotomy, as high as that which occurs in placenta previa, and higher than the mortality from malignant cholera.

Two plates are attached to this communication, representing fibrous tumours in the womb.

IX. *Observations on the Growth of the Long Bones and of Stumps.* By GEORGE MURRAY HUMPHRY, M. D.—An abstract of this communication is published in the number of this Journal for July, 1861. It is accompanied by a plate containing numerous figures representing the appearances found in the bones of the animals experimented upon.

X. *Researches on Asphyxia; with Observations on the Effects produced by the Hot-bath in Asphyxiated Animals, and its use in the Treatment of Suspended Animation.* By A. T. H. WATERS.

XI. *Letter to the President of the Royal Medical and Chirurgical Society, relative to the preceding Paper on Asphyxia and the Use of the Hot Bath,* by A. F. H. WATERS, M. D. From Sir BENJAMIN COLLINS BRODIE.—Abstracts of these two communications are published in the number of this Journal for July, 1861.

The ill effects of the hot bath in cases of drowning are made very manifest in the experiments recorded by Mr. Waters. The effect of the hot bath being to stimulate the heart to increased action, by which more blood is sent to the lungs, it must necessarily increase the congestion of the lungs already existing. It is the reproduction of the action of respiration, and not the excitation of the circulation, that is called for in cases of drowning, and the hot bath could only be recommended from a want of knowledge of their correct pathology.

The manner in which death occurs in submersion is very beautifully shown by the experiments of Dr. Beau, recorded in a paper published in the *Archives Générales* for July, 1860. These show that in animals that are drowned, the immersion of the natural orifices of respiration and their impermeability to air, caused a sympathetic or reflex action, bringing about spasmodic occlusion of the sphincters or orifices of respiration, and arrest of the respiratory movements. There is a great analogy between death from drowning and death as it often occurs in tetanus.

XII. *A Contribution to the Pathology of the Pons Varolii.*—This communication, by HERMAN WEBER, M. D., contains the detailed history of several cases which illustrate, in a very interesting manner, the physiology and pathology of the pons varolii. In two of them, the focus of the disease was for some time small and circumscribed; there was no complication with affections of other portions of the cerebellum, nor was there any disturbance in the encephalic circulation. They exhibit experiments performed

by nature with greater accuracy than we shall ever be able to practise in vivisections.

The subject of the first case was a tuberculous man, 25 years of age, who had first vertigo, then motor paralysis in the limbs of the right side, afterward anæsthesia in the left side of the face; later, also diminished sensation in the limbs of the right, and diminished motion in those of the left, side; contraction of both pupils, especially the right; eighteen hours before death, attack of convulsions, followed by loss of power of articulation and deglutition, perfect motor paralysis and anæsthesia in limbs of right, imperfectly in those of left, side; without loss of consciousness. Tubercle in left half of pons Varolii, with softening in circumference, and hemorrhage in the latter.

The subject of the second case was a boy, aged 7 years, who was affected with chronic hydrocephalus and tuberculosis; six months before death, he had attacks of convulsions in left arm and leg; pain in right side of face; later, motor paralysis in limbs of left side, anæsthesia in right half of face; consciousness undisturbed; contraction of pupils, especially left; paroxysm of general shaking; four weeks before death, rigid contraction of paralyzed limbs; death under symptoms of tubercular meningitis. Tubercle in right half of pons Varolii, near origin of right quintus, with atrophy of the latter; red softening round tubercle; phenomena of tubercular meningitis.

In comparing these two cases, in which the anatomical alterations were, to all appearance, in the beginning almost the same, we remark that in both motor affection, first of the arm and afterwards also of the leg of the opposite side, together with attacks of vertigo, were the first phenomena to attract attention; in both cases, the sensibility of the affected limbs remained for a long period unchanged, and the side of the face opposite to the lesion was altogether unaffected; in both cases, contraction of the pupils of either side, especially of the opposite, was an early phenomenon; in both, sensitive affections of the corresponding half of the face and mucous membrane of the mouth and tongue; in both, at a later period, wasting of the paralyzed limbs, and, still later, rigidity of the same, impaired articulation, deglutition, and respiration. The intellectual functions and those of the special senses appeared throughout uninfluenced.

Among the physiological inferences which may be drawn from these cases, the following are worthy of special remark: 1. That the conducting fibres for the limbs passing through the pons, as well the motor as the sensitive, decussate below the pons. 2. That there are no sensitive fibres for the limbs in the lower or anterior part of the pons. 3. That the upper or posterior part of the pons contains sensitive fibres for the limbs. 4. That the intellectual functions of the brain are independent of the pons Varolii. 5. That the nerves regulating the state of the pupils seem to be in close connection with the pons Varolii. There was marked contraction of both pupils, greater on the side opposite to the lesion. 6. Extensive lesion of the pons seems to be associated with disturbance of deglutition, articulation, and also respiration. But it is possible that these phenomena do not depend so much on the alteration in the pons itself as on the influence exercised through it on the adjacent parts of the medulla oblongata.

XIII. *On Disease of the Kidney accompanied by Albuminuria.* (Second paper.) By W. H. DICKINSON, M. B.—In a paper contributed to the last volume of *Transactions*, which was noticed in the number of this Journal for April, 1861, Mr. Dickinson endeavoured to show that there are two essentially different diseases of the kidney that have been denominated as Bright's disease. One, which is characterized by increase of bulk,

the surface remaining smooth, is owing to an inordinate secretion within the tube. The other disorder produces for the most part diminution of size, renders the surface uneven and granular, and is the result of an affection of the intertubular substance. In this present paper, Mr. Dickinson completes his sketch of the disease by filling in the clinical details, showing how, during life, the one disease may be distinguished from the other, and how far the conclusions based upon morbid anatomy are warranted by what is observed before the death of the patient. For this purpose, he has extracted from the ample records of St. George's Hospital the particulars of every well-defined case of either of these disorders that was examined in the dead-house during ten consecutive years. The total number of "*post mortems*" in this period was 2350, in 250 of which the kidneys were granular, in 119 smooth and mottled.

The following table shows the percentage of affections accompanying each renal disorder:—

	Bronchitis.	Diarrhoea.	Vomiting.	Pleurisy.	Pericarditis.	Peritonitis.	Pneumonia.	Œdema.	Ascites.	Hydrothorax.
Smooth mottled kidney 119 cases	18.5	20.1	26.0	64.3	27.7	25.2	20.1	66.3	33.6	28.5
Granular kidney 250 cases	22.0	11.6	15.6	60.8	32.8	13.6	12.4	48.0	26.0	25.2

	Hydro-pericardium.	Epistaxis.	Erysipelas.	Cirrhosis of the liver.	Atheroma.	Hypertrophy of heart.	Valvular disease.	Convulsions.	Simple coma.	Sanguineous apoplexy.
Smooth mottled kidney 119 cases	24.3	0.8	15.9	10.9	21.8	24.3	17.4	10.9	10.0	2.5
Granular kidney 250 cases	14.0	0.8	6.8	15.2	52.4	48.0	43.2	5.6	8.8	6.8

From what has been brought forward by Mr. Dickinson in this paper, the following conclusions may be deduced:—

The smooth mottled kidney is the result of chronic nephritis. The disease may befall any person, the youthful being the most susceptible. It results from cold, from scarlatina, or some similar cause of renal hyperæmia. It begins with marked symptoms, and usually terminates under a year. It is often temporary in its nature, or amenable to treatment.

The granular kidney is the result of a degeneration which is peculiarly apt to take place in gouty or tuberculous persons. It is never seen except in adults, and is most frequent after the age of forty. It commences gradually, and is quite indefinite in its duration. This state of organ is necessarily irreparable.

Chronic nephritis is characterized by dropsical effusion; a great liability to inflammatory attacks affecting the serous membranes and lungs; diarrhoea, especially in the later stages; pain in the loins, and finally coma, preceded by epileptic convulsions. The urine is scanty, often bloody, the

albumen abundant, and the specific gravity comparatively high. Casts imbedding entire epithelial cells are characteristic of the disorder.

Granular degeneration is to be recognized by a gradual failure of health, with sharpening of the features and discoloration of the skin; while dropsy is often absent or of small extent. Frequency of micturition is observed, especially at night, and there is great liability to bronchitis. There is also a tendency to valvular disease of the heart, as well as to extravasation of blood within the cranium. Epileptic convulsions sometimes occur, but a fatal state of semi-coma often comes on without any such antecedent. The urine is increased in quantity, except in the later stages, of low specific gravity, and often containing only a trace of albumen. The casts most commonly found are of coarse, granular matter.

This communication is accompanied by a plate, representing the appearance of the tubular casts, found in the urine in these two disorders.

XIV. *On a Case of Aneurismal Varix in the upper part of the Thigh, following the Employment of Pressure for the Cure of an Aneurism of the Posterior Tibial Artery.* By OLIVER PEMBERTON.—A considerable number of cases of spontaneous arterio-venous communication, between the various parts of the aorta and the contiguous vena cava, and between the aorta and pulmonary artery, have been reported during the past twenty years, instances of such communication, however, between the contiguous arteries and veins in the extremities are exceedingly rare.

In the present communication is given the history of a case, in which a man, fifty years of age, was cured by compression of an aneurism of the posterior tibial artery. At the commencement of the treatment, the pad was applied for three weeks to the artery on the pubes, for eight, nine, or ten hours, out of each twenty-four, and throughout the entire subsequent period of nine months to the vessel immediately below Poupert's ligament.

After remaining well for ten months, the man re-entered the hospital with symptoms of arterio-venous communication in the limb, in which the aneurism had existed, and after a sojourn there of eight months he died, apparently from dropsical effusion into the abdominal and thoracic cavities. On examination, a communication was found between the femoral artery and vein, at the place where pressure had been applied for the cure of the aneurism in the leg. The opening in the artery was nine lines in length, by nearly six lines in breadth. The edges of the aperture were rounded and smooth. The wall of the artery was irregular, being marked with depressions and some small patches of atheroma. The coats of the vein were dilated into a varix or pouch, which enveloped the artery, leaving the tube of the latter free and distinct, except behind, where the tunics of both vessels were blended together.

In commenting upon this case, Mr. Pemberton would attribute the opening formed between the artery and the vein, to the compression made use of to cure the aneurism. This, however, appears to us to be more than unlikely. At no time during the employment of the pressure, had any eschar formed, any disposition to phlebitis manifested itself, or enlargement of the neighbouring glands appeared; and symptoms of the communication did not show themselves until ten months after the man had been walking about perfectly well. It should, moreover, be taken into consideration that such an effect has never been known to follow compression in the cure of aneurism, and the autopsy showed that there was disease of the coats of the artery, which, we believe, is the origin of these arterio-venous communications. That disease which on one side of the vessels would cause false consecutive aneurism—on the other, against the vein, would cause adhesion of the vessels and arterio-venous aneurism.

This communication is illustrated by a plate, containing two figures, representing the exterior and the interior of the tumour.

XV. *On a Case of Aortic Aneurism, in which a Communication with the Pulmonary Artery was recognized during life by means of Physical Diagnosis.* By WILLOUGHBY FRANCIS WARD, M. B.—This case is of interest, as being, probably, the first in which such a lesion has been discovered during life by physical means, and it will be useful in establishing the rational diagnosis of similar lesions in future.

The patient was a fine-looking, well-made man, thirty-five years of age, complaining of slight cough, some general debility, and a little loss of flesh. Physical examination gave the following result: Cardiac dulness increased in the vertical direction. The apex of the heart could be distinctly seen and felt beating in the sixth intercostal space, and the heart was also to be seen beating in the fifth. Over the cartilage of the fourth left rib two loud murmurs were heard instead of the usual cardiac sounds; that, with the second sound, being of a hissing character, and so prolonged as to continue till the commencement of the next ventricular systole. At this same spot a very considerable purring tremor accompanied the second murmur. The first murmur was of a loud bellows character. Both murmurs were audible as high as the bifurcation of the common carotids, in the back, and over all the upper part of the chest; they did not seem to be peculiarly propagated towards the left subclavicular space. At the apex of the heart a single murmur only was to be heard, and this evidently attended, or rather replaced the cardiac first sound; it could be traced easily down to the ensiform cartilage. At the apex, the cardiac second sound was very distinct and quite natural; no trace of murmur.

The pulsation of the carotid was very visible, particularly on the left side, and marked by some, though not considerable, thrill. The heart's action was quiet and regular. The only abnormal physical sign in the lungs was some mucous râles at the base of each, equally on either side. Pupils contracted, but mobile; liver enlarged, no icterus; urine normal.

From this combination of physical signs, by a very interesting train of reasoning, Mr. Ward came to the conclusion that there was a communication between the aorta and the pulmonary artery, which was found at the autopsy to be the case.

XVI. *Account of a Case in which the Corpus Callosum and Fornix were imperfectly formed, and the Septum Lucidum and Commissura Molles were absent.* By J. LANGDON H. DOWN, M. D.—This communication, both from the curious nature of the case reported, and from the interesting general remarks of the author, is one of considerable importance as regards the pathological anatomy of idiocy. Idiocy is supposed by many to depend frequently on defective commissural connection between the cerebral hemispheres, but among fifty brains of idiots which Dr. Down has dissected, the example here communicated, is the only one he has found. This paper will be found by those particularly interested in such subjects, to be an important addition to the facts bearing upon them, which have been so ably generalized by Mr. Paget, in his communication contained in the XXIXth volume of the *Transactions*.

XVII. *Syphilitic Inoculation and its Relation to Diagnosis and Treatment.*—This paper, by Mr. HENRY LEE, is one of the longest and one of the most valuable in the present volume of *Transactions*. The conclusions to which the author arrives appear to be fully supported both by clinical observations and also by direct experiments. They will be found to accord with those maintained by Dr. Bumstead, whose excellent work

we had recently the pleasure of commending to the attention of the profession. The principal of these conclusions are as follows :—

That there are two forms of syphilitic disease, distinguished in their origin by the adhesive and suppurative kinds of inflammation. That one is followed by constitutional symptoms, and that the other is not.

That the adhesive form of inflammation may be distinguished from the suppurative by the nature of the secretion which it produces, and by the results of inoculation.

That both kinds of action may be communicated to the same individual at the same time, and that then the suppurative action will develop itself first, as having the shortest period of incubation, and subsequently the adhesive action will run its regular course.

That when these two actions are developed upon the same part, the affection which results has not the characters exclusively of the adhesive or of the suppurative inflammation, a mixed form of disease presents itself.

That the specific adhesive inflammation may be communicated to a person who has not previously had the disease, either directly by means of the discharge from a primary sore, or more indirectly through the secretions of a person affected with secondary symptoms.

That this latter mode of communication is not so common as the former, and appears to take place in general only when the part from whence the secretion is derived, is in a state of increased or unhealthy action.

That under the circumstances last named, any open sore or abraded surface on a syphilitic patient may furnish an inoculable secretion.

That such open sore or abraded surface, may be caused by mechanical irritation, by any secondary form of eruption, by a vaccine vesicle, or by a local suppurating syphilitic sore, in a person previously syphilitic.

That the blood of a syphilitic patient *may* communicate syphilis to a person previously unaffected with the disease.

That the cow-pox and syphilis *may* be inoculated at one and the same time, and that when such a twofold inoculation does take place, the results are, in some respects, analogous to those which follow the inoculation at the same time of an infecting and a suppurating sore.

That the pure vaccine lymph, even from a syphilitic subject, will not communicate syphilis.

This communication is illustrated by two coloured plates beautifully executed.

XVIII. *Cases Illustrating the Causes and Effects of Fibrinous Obstructions in the Arteries, both of the Brain and of other Organs.* By SEPTIMUS WILLIAM SIBLEY.—An abstract of this communication is published in the number of this Journal for October, 1861.

XIX. *Case of Irideremia Totalis.* By EDWARD CHARLES HULME.—The subject in this case was a man twenty-two years of age. The complete absence of the iris in both eyes was confirmed by examination with a lens and with the ophthalmoscope. There was no intolerance of light, and the man was able to read bourgeois type (No. 6 of Jager's scales) clearly at six inches distance.

A plate is added to this communication representing the eye magnified, and also its ophthalmoscopic appearance.

XX. *A Case of Tetanus of nearly Fourteen Months' Duration.* By DANIEL MEADOWS.—The case whose history is given in this paper is certainly a very interesting one, but the symptoms and origin as well as the duration of the disease, it seems to us, are not those of true tetanus.

W. F. A.